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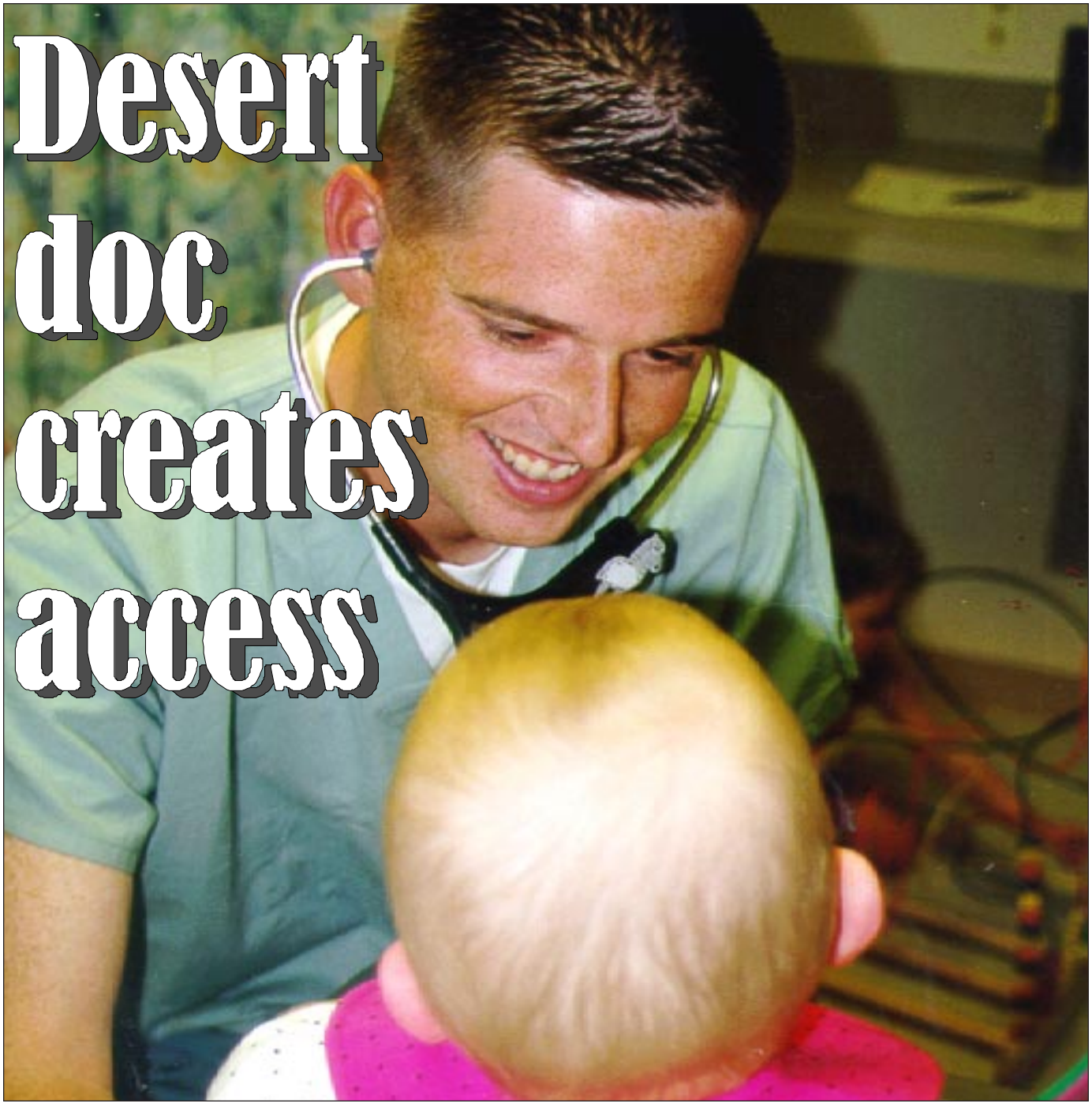
TRICARE

Your Military Health Plan

TRICARE SOUTHERN CALIFORNIA

Desert doc creates access



Office of the Lead Agent, TRICARE Southern California, Region Nine

Inside This Issue

ON THE COVER:

Lt. Jeff Sperring, a pediatrician and primary care manager at Naval Hospital Twentynine Palms, performs a well baby check on one of his younger TRICARE Prime enrollees. Sperring championed a unique program to provide convenient access to a child psychiatrist for some of his behavioraly challenged patients. (Story on page 8)

EDITOR'S NOTES: JO3 Debby Meeker, USN designed this issue of News At Nine. Special thanks to DoD correspondent Doug Gillert, who visited Region Nine in June and contributed greatly to this issue.

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News At Nine is an official, quarterly publication of the Office of the Lead Agent, TRICARE Region Nine. Its purpose is to inform Region Nine military treatment facility and support contractor staff about policies and items of interest regarding the TRICARE program. For submission guidelines, contact the PAO at (619) 532-5439 or DSN 522-5439.

From the Lead Agent

Rear Adm. Alberto Diaz, Jr., MC, USN

Following the healthcare industry in today's news headlines can be disheartening. While we in TRICARE are part of a great healthcare system, we operate in a very challenged healthcare environment.

The healthcare industry is massive. It is the largest service industry in the United States, contributing to nearly six percent of our gross domestic product. It's no wonder corporate America has cracked down on skyrocketing healthcare costs – they're a large target – a large expenditure to the corporate world, the payer of healthcare costs in our economy.

The Military Health System currently consumes over $15 billion of the annual defense budget. Yet, we've significantly downsized in recent years and successfully managed decreasing budgets. In the last decade, we've closed some 35 percent of our MTFs. Nonetheless, we continue to have nearly eight million people eligible for care in the Military Health System.

In Southern California, Region Nine, we've got nearly 630,000 people eligible for military healthcare and spend nearly $900 million per year to take care of them. These numbers are staggering from any perspective. I provide them to help you conceptualize the magnitude of our job and the environment in which we operate.

Yet, healthcare remains an intensely personal issue for the American people. They want the absolute, best possible care for themselves, at the time they need it, by a provider they like, at little or no cost. This is the challenge we all face – meeting the demands of our patients while meeting the demands of our corporate organization – in our case, our line commanders. This challenge will stay with us through the start of the new millennium and well beyond.

TRICARE is the only organization in the U.S. tasked with providing both military medical readiness and peacetime healthcare. TRICARE keeps us clinically ready for war. It keeps us trained and credentialed. It provides our MTFs a backfill mechanism when we're forward deployed in time of war. It keeps us healthy. It keeps our families healthy. It gives us confidence that our families are being taken care of when we're deployed in support of combat or humanitarian operations. It provides us a great benefit when we retire.

Before TRICARE, we had a direct care system

– our military treatment facilities – and CHAMPUS. If you couldn't get "free" care at an MTF, you got CHAMPUS – at a high out of pocket cost – a 20 to 25 percent cost share – and the potential for something called balanced billing – an potential additional charge of up to 15 percent of the CHAMPUS maximum allowable rate.

Now, we've got the option of TRICARE Prime, which, in addition to the "free" care we provide in MTFs, offers a civilian network to support it – with a copayments of only $6, $12 or $20 per visit. I pay close attention to civilian health plans and I don't know of a better benefit than that offered by TRICARE Prime. It is, without a doubt, the best option for the most people.

We still have TRICARE Standard, the same old CHAMPUS fee-for-service benefit for those who like it. And, we've got TRICARE Extra, which provides a civilian preferred provider network with a cost share of 5 percent less than Standard – with no balanced billing and significantly reduced paperwork.

In sum, we've got a much better program. Our military care is now fully integrated with civilian care. We no longer have a fragmented system. It offers choice and may be customized to the individual family situation, as healthcare should be.

My challenge to all of us in Region Nine is to proudly advocate the TRICARE benefit. We have a great program, and we need continually pass this message along to our patients.

Contractor's Corner

By Peter McLaughlin

Good mental health care is vital to the quality of an overall health plan, and the service of our sister company, Foundation Health PsychCare Services, is vital to TRICARE.

FHPS is dedicated to promoting effective health care delivery for beneficiaries experiencing mental health issues. This goal requires the integration of FHPS utilization management processes with quality improvement activities and provider network monitoring. Data is collected, trended and analyzed to continually improve the quality of behavioral health services provided by FHPS and its network providers.

Utilization management services are a key component of FHPS and include our health care finder, case management and intensive case management functions. Our health care finder staff accepted over 53,000 calls in 1998, averaging over 4,400 calls per month. Confidentiality, understanding and empathy for the sensitive nature of the calls are always closely observed.

TRICARE Prime enrollees may self refer to a network behavioral health provider for the first eight outpatient counseling or therapy services per enrollment year (eight outpatient services per fiscal year for TRICARE Standard/Extra beneficiaries). Calls are handled by licensed clinical staff to ensure that the beneficiary is referred to the appropriate licensed provider that can best address their special needs. Trained health care finder staff provide benefit education so that the beneficiaries can experience the lowest out of pocket costs possible. A special effort is made to provide referrals to network providers who are close to home or work. If a beneficiary requires ongoing outpatient care beyond eight visits, the FHPS clinical staff reviews treatment plans written by the provider and pre-authorizes visits based on established clinical criteria.

Concurrent review by a case manager is the second function of the FHPS utilization management process. Any patient admitted to a psychiatric hospital, residential treatment center or partial hospitalization program is followed closely by an experienced psychiatric clinician. This case manager ensures the patient receives care medically necessary in the least restrictive setting for the patient. Case managers provide concurrent review by working closely with the facility staff and attending psychiatrist. They coordinate care and provide seamless transitions between inpatient, partial hospital, residential treatment centers and outpatient services. Anticipation of the resources that the beneficiary will need upon discharge from any level of care is an integral part of their services to the beneficiary.

Mr. Peter McLaughlin, vice president, Foundation Health Federal Services for Region Nine.

Those cases that require extraordinary services are referred for intensive case management. This is a third function of the utilization management services. If more than one family member requires hospital or residential treatment at the same time, or when long term care needs are identified that will require coordination with other county and state agencies, a case will be referred to the intensive case manager.

Other criteria include very young children requiring psychiatric hospitalization and beneficiaries with complicated coexisting medical conditions that affect their psychiatric care in an adverse way. The intensive case manager, a specialty trained psychiatric nurse, will contact the patient or family, attend treatment-planning meetings with the attending psychiatrist or other providers at the facilities and research information on the best placement possibility for the patient. The goal of intensive case management is to promote psychiatric stability and enhance the quality of life for the patient and the family, while ensuring that the use of the TRICARE benefit is maximized and costs are minimized for the beneficiary.

FHPS strives to work in partnership with Office of the Lead Agent and the military treatment facilities in Region Nine. They are dedicated to the mutual task of meeting the complex mental health needs of military families that must cope with the stress of military deployment and the frequent changes necessitated by military life.

Empowerment, cooperation guide TRICARE success

By Douglas J. Gillert
American Forces Press Service

SAN DIEGO — Dr. [Rear Adm.] Alberto Diaz, Jr., inherited a tight ship — a well-oiled and working TRICARE program that often serves as a beacon for less mature programs across the nation. And, as any smart captain of a ship under sail in smooth waters, he does everything he can to keep the boat from rocking.

Like any ship captain, Diaz relies on an able crew, which he has, he said. And on a simple leadership concept: empowerment.

"We empower our people," the senior medical officer, or lead agent, for TRICARE Southern California said. "In return, we get a lot of creative ideas and 'out-of-the-box' thinking. We also let everyone know it's OK to make mistakes. If you try something and it doesn't work, you learn from that, too."

Capt. Kris Minnick discusses an aspect of TRICARE with Rear Adm. Alberto Diaz, Jr., Foundation Health's Rick Bloomquist and Air Force Lt. Col. Kerry Larson. Frequent meetings between lead agent and Foundation Health Federal Service staff members ensure the smooth operation of TRICARE in Southern California.

So there's a real attitude of "let's try this and see if it works," agreed Navy Capt. Kristine Minnick, Diaz's "first mate" as director of TRICARE Southern California operations. She credited Dr. [Vice Adm.] Richard Nelson, Diaz's predecessor and now the Navy surgeon general, with charting the initial course.

"Admiral Nelson's mandate was 'We're in this together,'" Minnick said. And that means all the components of TRICARE — lead agent's office, treatment facilities, prime contractor and the civilian provider network — have to work in unison, she said.

And they do. "Coordination and cooperation here is legend in TRICARE," Minnick said. Every component shares in the decision process, with the managed care support contractor, Foundation Health Federal Service Inc., having a vote on every steering committee and council. Collectively, TRICARE Southern California components have forged a plan that puts quality health care delivery at a premium by improving access to care, controlling costs and emphasizing patient satisfaction.

"Quality of health care never was an issue. It was always here. But access became an issue because of downsizing here and throughout DoD," she said. Forced to reduce staff and close or cut clinical services, the defense medical department was no longer able to deliver the same level of care everywhere.

"TRICARE evens out the benefit," Minnick said.

To improve access and at the same time keep costs down, TRICARE Southern California set about achieving maximum enrollment in the plan's managed care benefit, TRICARE Prime, within military medical facilities. Fully 73 percent of beneficiaries eligible for care at the San Diego Naval Medical Center get their Prime care there, she said. The others receive care through a supplemental network of civilian physicians who fall under the managed care support contract held by Foundation.

The numbers slant more toward Foundation in Los Angeles, where military facilities are limited and long drive times make it easier to get to a civilian doctor, she said. Foundation covers the region with a robust network of 4,900 primary care physicians and 11,000 specialists, she said.

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Empowerment, from page 5

Satisfaction surveys supposedly mirror accessibility and paint a rosy picture in Southern California, Minnick said. The region also examines access issues with a computer database "to make sure," however.

A major area of concern, she said, is service members assigned to remote areas. A Prime remote benefit being tested in TRICARE Northwest (Washington, Oregon and Idaho) will be exported to Southern California in fiscal 2000 and should solve any problems, Minnick said.

"It's the kind of program we want across the country, so our active duty enrollees have the same benefit no matter where they're assigned," she said.

Although quality care has always been a reality here, according to Diaz, Minnick and others, TRICARE Southern California continues to explore new, innovative methods of health care delivery. In the area of disease management, for example, a telemedicine initiative that delivers home health care to pediatric asthma patients has decreased emergency room visits and provided higher satisfaction among both patients and physicians.

Foundation proposed and engineered a broader asthma plan that Peter McLaughlin, vice president for foundation's TRICARE operations in California, said could be adapted for other diseases.

One thing the TRICARE leaders here didn't want to do was hamper quality with necessary cost-cutting programs. So far, they've had good success in meeting Military Health System cost constraints, Minnick said. Rolling more care into existing military medical facilities has saved the region more than $62 million, based on estimates using cost data under the old CHAMPUS program.

To further enhance use of the military facilities, the lead agent and Foundation established a resource-sharing program, whereby Foundation places medical staff, equipment and supplies inside military facilities, saving overhead costs.

"The Defense Department spends $900 million a year for delivery of the entire health plan in this region," said Navy Lt. Rick Haupt, public affairs officer for TRICARE Southern California. "About two-thirds of that care is delivered inside military facilities, and we've built incentives into the Foundation contract to optimize military treatment facility utilization, because the infrastructure is already there."

TRICARE Southern California has 78 resource-sharing agreements in effect, with dozens more in the pipeline, McLaughlin said.

The next gauge of the region's ability to keep costs down and satisfaction up will come next year, when the region undergoes a careful scrutiny by CNA Corp. and the Institute for Defense Analyses. The Military Health System's annual report to Congress reflected what the analyses found in TRICARE Northwest and will look at in Southern California and eventually all regions, Minnick said. "It's a critical document," she said, that showed in the northwest that TRICARE is delivering on its promises to maintain quality care and maintain or reduce costs.

But the game isn't over. "We haven't finished with TRICARE, yet," Diaz said. "For example, folks back east aren't as familiar with managed care as those on the West Coast. We have to better market that everywhere, and not just to our patients but to our providers, especially new ones coming into the program."

Diaz said the system also needs must become more uniform across the country, improve enrollment ease and become more transportable from region to region. "All these issues are being addressed but will take time," he said.

In the wave of negative publicity about managed care in general, Diaz contends that TRICARE is different.

"We're not only providing better medical care, but we're managing your care over managing health prices," he said. "The upside of that is that care comes first, but at the same time we're keeping costs down."

Diaz also said requiring patients to go through a primary care manager doesn't hinder quality care. "When you go see a primary care manager, you're seeing a generalist who focuses on your whole health and can give you better overall treatment," he said. "As an example, more cases of depression are handled by primary care managers than by mental health practitioners."

Foundations' McLaughlin, who said he knows the ins and outs of just about every health care plan available, echoed Diaz's sentiments. "TRICARE has probably the best benefit structure of any health plan in the country," he said.

Telemedicine: it's about better care

By Douglas J. Gillert
American Forces Press Service

A military spouse at Fort Irwin, Calif. (on screen) listens to an ear, nose and throat specialist at Naval Medical Center San Diego describe what he's found after examining her from hundreds of miles away. The Telemedicine and Technology Assessment Office for TRICARE Southern California uses telemedicine to connect patients and their physicians with specialists at the medical center. The electronic consultations save travel costs and patients' time away from work, home and families and help general physicians improve the quality of care they provide military beneficiaries.

SAN DIEGO — The young boy courteously answers his nurse's questions. Yes, he's taking his medicine. No, he's not overexerting himself when he plays with his friends outside. Yes, he's been sleeping well. No, he hasn't had too much of a problem breathing.

He doesn't mind the questions because at least he doesn't have to go to the hospital, where all those sick people are. He isn't missing school, and he can be with his friends a lot quicker and for longer than if he had to go to the hospital.

It's kind of like watching television. Hey, not bad… he can talk with the person on the TV. That's pretty cool. Asthma's a drag, you know, but yeah, he can deal with it.

The little dude's lucky, because he has parents in the military and they get their health care from Naval Medical Center San Diego. It has cool programs like "telehome care" for pediatric asthmatics. So here he is in his living room talking to his nurse back at the hospital. Just seeing her smile at him makes him feel pretty good. Like, he's going to be all right.

In 1997, the medical center received $750 thousand from DoD to develop telemedicine initiatives like this one. Air Force Dr. (Lt. Col.) Kerry Larson is the second head of TRICARE Southern California's Telemedicine and Technology Assessment Office, a job that takes someone like him who gets excited about applying technology to health care, a physician who knows the difference between high and low bandwidths, who understands the limitations and exploits the strengths of telecommunications to treat patients. He's definitely enthused about the program.

"We're using telemedicine primarily for ear, nose and throat patients and neurology, and we're just starting up telepsychiatry," he said. "Because many of the military treatment facilities in Southern California are in isolated locations, they have only limited access to civilian medical specialists. With telemedicine, we extend the reach of Naval Medical Center specialists and also save patients time away from their duties and homes."

Larson admits the primary business logic behind telemedicine is saving the government travel costs and time military people have to spend away from their units. In fact, TRICARE Southern California has conducted more than 400 telemedicine consultations, deferring $100,000 in travel costs and saving 5,000 hours in lost travel time. But there are even greater dividends for the physicians and patients, he said.

For example, an Army colonel at Fort Irwin, Calif., previously visited the Naval Medical Center for medical care but received his follow-up care at the fort rather than traveling the desert freeway to San Diego, an eight-hour round trip.

"Patients like telemedicine because it allows them to remain with their own doctors and close to home," Larson said. "We had to overcome some initial skepticism from the physicians, but once they experienced what it can offer, they got behind it. Now they offer us ideas for other ways we can use the technology."

Specialists at the Naval Medical Center

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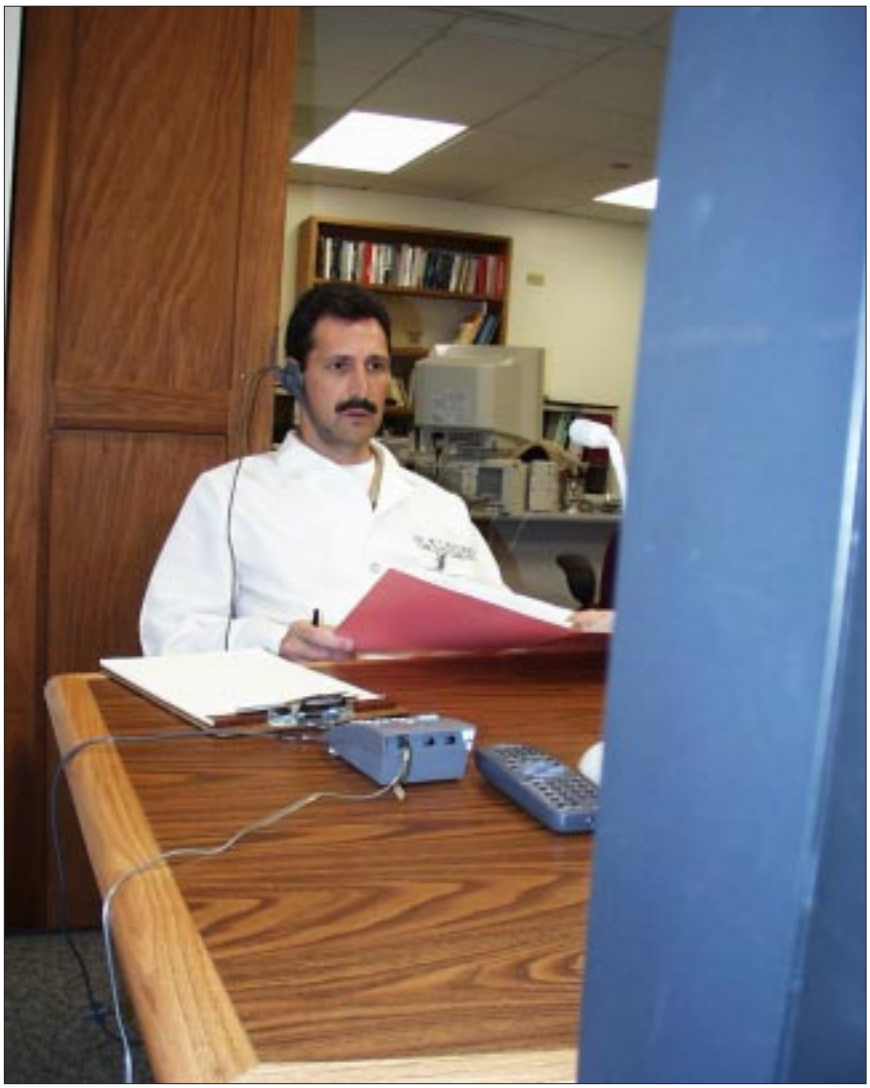
Desert doc creates access

By Lt. Rick Haupt, USN



Navy Capt. Mike Ricciardi, a child psychiatrist at Naval Medical Center San Diego, works with one of Lt. Jeff Sperring's TRICARE Prime enrollees via telemedine link to Naval Hospital Twentynine Palms. Ricciardi's consults are convenient for Marine families stationed at the remote desert base.

MARINE CORPS AIR GROUND CENTER, TWENTYNINE PALMS – Navy Lt. Jeff Sperring, had a problem – getting specialty care for some of his most challenging patients.

A pediatrician and primary care manager at the Navy hospital here, he was battling the "medical isolation" of the Mojave Desert. He needed the assistance of a child psychiatrist to help some of his patients overcome behavioral disorders. There were none readily accessible, even in the somewhat larger community of Palm Springs some 50 miles away. The closest suitable specialist was at Loma Linda University Medical Center nearly 100 miles away – an inconvenience to his patients and families, to say the least.

Not one to give up easily, Sperring conferred with a colleague who sparked an idea. Why not use telemedicine technology for a virtual visit to a child psychiatrist?

That idea led to an ongoing program which is viewed with optimism by patients and other providers alike. Every two weeks, children and adolescents from this remote Navy hospital complete a virtual office visit with Capt. Mike Ricciardi, a child psychiatrist at Naval Medical Center San Diego.

The telemedicine portion of the consultation process is simple.

"One of our corpsmen sets up the equipment, makes the connection, gets the family oriented in the room, and leaves them there," Sperring said. "The consult proceeds without any extra parties. It's just the patient, family and Dr. Ricciardi."

When the consult is over, Ricciardi faxes Sperring his recommendation for medication and follow-up care by other providers, such as a psychologist or social worker. Ricciardi also sets his own schedule for his own virtual follow-ups. Yet, Sperring is empowered to make Ricciardi's recommendations a reality and effectively manage each child's care.

"I'm excited that we've now got ready access to a child psychiatrist," said Sperring. "I feel like I'm not so isolated."

The feedback to the young primary care manager is great. In a typical consult, he said, a child would come back from a distant psychiatrist already on new medication days after the consult was performed. Often, the child and patient would have forgotten the important aspects of the consult, and Sperring would be challenged to integrate

the psychiatrist's care regimen into the child's overall health care.

The telepsychiatry program has changed that. Now, immediately following their consult, the patient and parents return to Sperring, who manages the appropriate follow-up care.

"The ones we've started on medication have improved," he said, "and that makes for a happier family.

"The feedback [from the parents] so far has been pretty good," Sperring said, noting data collected from pre- and post-encounter surveys completed by parents of the patients. "One of the benefits is trust. They're more comfortable knowing it's a doctor in uniform.

"Many of these families are junior enlisted, with both parents working," he said. "Through this TRICARE program, we're giving them access to a subspecialist without any cost or inconvenience."

The program has limitations, however, particularly with the current low-bandwidth technology in use.

"The picture and sound quality are somewhat limiting," Ricciardi said, noting that more bandwidth would be better. Naval Hospital Twentynine Palms has a high-bandwidth telemedicine suite, but the room in which it is located isn't suitable for child psychiatry interventions. Sperring and others at the hospital are looking into alternatives for relocating the suite.

As a child psychiatrist, Ricciardi needs to cognitively engage his patients to find out what troubles they may be having. With children of ages five to 12, this often includes activities such as playing games and drawing pictures. Telemedicine visits limit his ability to use these types of diagnostic tools.

The telemedicine consults are, however, generally more effective for adolescents aged 13 and up because of his ability to do a majority of the diagnosis effort through face-to-face discussion.

Ricciardi noted that the military's unique healthcare organization is a boon to telemedicine consults.

"It serves as an extension of services in the military," he said. "In the civilian community, billing and payment for this type of service would be an issue."

While Sperring and Ricciardi look forward to improving the program, they are also thinking about a possible expansion of services to other military treatment facilities.

Jill Coughlin, who has been facilitating the effort since its inception, looks forward to the opportunity.

"This is definitely an increase in access," said Coughlin, a registered nurse and mental health specialist at the Office of the Lead Agent, TRICARE Southern California. "It provides a great service, better communication [between a PCM and subspecialist] and improved continuity of care."

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use telemedicine consults not only to directly examine patients but to train general physicians in specialty care. Taking that concept a step further, the medical center now provides quarterly continuing medical education courses over the system. It even hosted an all-day trauma symposium, with 16 treatment facilities logged onto the system for eight hours. The symposium was open to anyone wanting to "attend" and even drew interest from outside Southern California when physicians at Nellis Air Force Base, Nev., tapped into the on-line training.

Each telemedicine consult usually lasts about 20 minutes, according to Cmdr. Bobbi Crann, telemedicine clinical coordinator for TRICARE Southern California region. The outlying hospitals and clinics using automated software schedule most of the consultations by medical center specialists. But there also have been some emergency cases.

"A couple of weeks ago, a patient at Port Hueneme [a naval installation about 60 miles north of Los Angeles] was bleeding excessively after surgery," Crann said. "A specialist here was able to examine the patient through a telemedicine hookup and help the physician there stop the bleeding, so the patient was treated faster and better and a trip to San Diego was unnecessary."

Telemedicine is really about access to care, according to TRICARE administrators here. It's about satisfying family members' medical needs and helping them avoid trips to the emergency room. It's about keeping soldiers close to their home posts and the training they need to be ready to deploy. And it's about helping doctors learn new skills and raise the quality of care they can give, no matter where they are based.

It's about good medicine.

Claims hassles should fade with TRICARE fixes

By Douglas J. Gillert
American Forces Press Service

WASHINGTON — Claims problems reported by patients and providers aren't likely to recur after administrative changes on tap for TRICARE take effect.

Most of the problems have occurred in new TRICARE regions, according to Tom Osoba, director of operations in the TRICARE Management Activity's Aurora, Colo., office. Those problems have included confusion over cost shares, deductibles and authorizations for specialty care, he said. Compounding the problem: 15 eligibility categories, plus numerous other special and temporary health categories that qualify people for military health care.

Elsa Gaitan, TRICARE Service Center supervisor at Naval Medical Center San Diego, works to resolve a claim issue with Palmetto Government Benefit Administrators, Inc. The new claims processing changes should improve satisfaction with TRICARE worldwide.

The root cause is a system so complex, it confuses nearly everyone, from patients to physicians to administrators, Osoba said. But TRICARE, which already scores high with enrollees and providers where it's been around for awhile, is about to get simpler everywhere.

"There's quite a bit of action being taken," he said. "We have begun more than a dozen initiatives, including less DoD oversight and more contractor responsibility for the claims process. We've asked the contractors to tell us how they manage their non-DoD, commercial claims. When we see that these business practices work, we will authorize them to institute these best business practices within TRICARE."

Osoba said DoD realizes it can't implement managed health care everywhere, particularly in rural areas underserved by health maintenance organizations. Even so, TRICARE still offers an alternative to more costly medical care, he said. "TRICARE Standard [formerly CHAMPUS] offers the same standard for care as the Blue Cross high option plan offers to federal civilian employees," he said, "and it's available everywhere.

"One problematic issue is third-party liability cases," Osoba said. For the most part, the law has required DoD to "chase and pay" — that is, find and collect from third-party insurers (private medical insurance car-

ried by beneficiaries) before settling contractor claims. That law was changed to let DoD pay claims first, then go after third-party remuneration.

Some beneficiaries neglect to pay legitimate bills for cost shares and deductibles, because they don't understand their liability, Osoba said. "If you receive a collection agency notice, don't panic but don't ignore the notice," he said. "There's help out there. First, make sure the [health care] services received were program benefits. If the services received were not program benefits, you need to pay the bill."

When legitimate mistakes are made, DoD has several mechanisms for setting the record straight, Osoba said. He said commanders should become involved in assisting their people resolve disputes or improper billing. He said TRICARE can help, offering telephone assistance from Aurora at (303) 676-3526. "It's a busy number, but you can leave a message and we will get back to you," Osoba said. TRICARE beneficiaries can also call their local TRICARE Service Center for help or can contact regional lead agent offices.

Soon, the Military Medical Support Service at Great Lakes Naval Station, Ill., is planning to establish a toll-free telephone service for active duty members needing claims assistance. The service already processes active duty claims for all but three of TRICARE's U.S. regions, although TRICARE contractors will eventually process all claims. Although run by the Navy, the toll-free service will be available to all service members.

Simplifying claims processing got jump-started June 1 with implementation of the first of four phases, according to Mike Carroll, chief of the office of program requirements in Aurora. Then, TRICARE will implement several changes to "make life easier for clinicians and patients," he said. "We're deliberately shifting the focus from military specification requirements to making the provider and beneficiary satisfied with the process."

Besides allowing contractors to determine the best way to process claims, TRICARE will change the cycle time for claims — from 75 percent of all claims processed in 21 days to at least 95 percent of all claims without mistakes in 30 days – the commercial standard. If the claims processor doesn't pay the claim in 30 days, it will be charged interest each day, money that goes back to the provider. "If they aren't as prompt on paying a doctor's claim, he's going to get more money," Carroll said.

This improvement will occur in the second phase and should begin in about six months, Carroll said.

The third phase will deal strictly with mental health issues. A report is due mid-summer from a DoD committee reassessing mental health process requirements. Again, contractors will have a major input to improving those processes, Carroll said.

Phase IV deals with legislative issues and limitations, he said. For example, contractors have suggested they be allowed to collect and retain third party payments. When and if such changes occur is up to Congress, Carroll said.

"This is a huge program change that will encourage providers to join our networks," he said. "It also will better satisfy beneficiaries by removing burdensome requirements, such as reducing the number of incidences where authorization is required before the service is rendered.

"When we move into a new round of contracts, it will take this several steps farther and capitalize on what the industry has learned in terms of speed, accuracy and customer satisfaction," Carroll said. "We want to capitalize on that and give our TRICARE beneficiaries the services they deserve."

Smiles everyone, smiles!

Col. Ramon Sanchez, MSC, USA beams during his promotion ceremony June 1 prior to receiving the Defense Meritorious Service Medal for accomplishments during his two-year tour as head of the Regional Operations department at the Office of the Lead Agent. Sanchez relocated to Heidleberg, Germany where he will serve as chief of staff at the Army's Europe Regional Medical Command. Rear Adm. Alberto Diaz and Sanchez's wife, Imelda pinned on the new eagles.

Spotlight on Naval

"The best little hospital in Navy Medicine" keeps troops TRICARE smart

By Lt. Rick Haupt, USN

A TRICARE advocate

"I love it, I embrace it, I want to make it work," said the Marine Corps Air Ground Center's commanding general about TRICARE. "I am on board."

Maj. Gen. Clifford L. Stanley is a strong supporter of the TRICARE program at his base and serves as one of the most outspoken supporters of his naval hospital.

"I love it, I embrace it, I want to make it work," said the Marine Corps Air Ground Center's commanding general about TRICARE. "I am on board."

Stanley and Captain Joan Huber, commanding officer of Naval Hospital Twentynine Palms, discussed TRICARE education and marketing efforts in depth during a June meeting.

"When you keep people informed, you help them to help themselves," said Stanley. "We have a lot of user-friendly initiatives."

Stanley noted a great improvement from TRICARE marketing activities from when the program was first introduced.

"What's happening now is running against the grain of how the program initially rolled out information – now, the access [to information] is phenomenal," he said.

"The bottom line is taking care of our troops," said Stanley. "They deserve it."

TWENTYNINE PALMS, CALIF. – Delivering healthcare in the desert is challenging at best, but one tightly knit cadre of military medical professionals here has proven it to be a mission at which they excel.

Smack in the middle of the Mojave Desert lies the largest Marine Corps base in the world. As the site for the Corps' desert warfare training, the Marine Corps Air Ground Center encompasses 932 square miles and can theoretically fit Marine Corps Bases Camp Pendleton, Quantico and Camp Lejune in its perimeter.

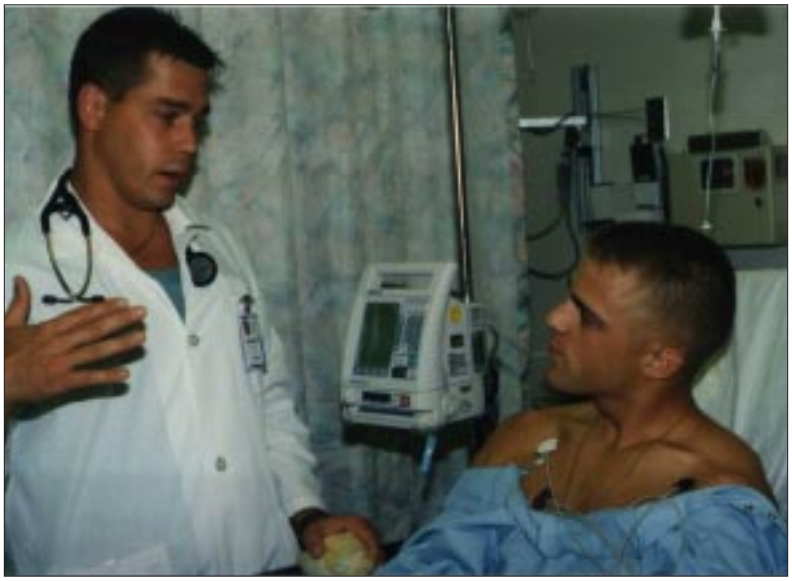
To serve the TRICARE benefit to its beneficiary population of nearly 25,000 is Naval Hospital Twentynine Palms, a command that touts itself as "the best little hospital in Navy Medicine."

The hospital's boast was appropriately justified in January when TRICARE Management Activity announced the facility to be the Navy's top achiever in terms of customer satisfaction in its class.

"We're very proud of the achievement," said Commanding Officer Capt. Joan Huber, NC, USN. "We have a lot of great people who work hard to satisfy the needs of our patients."

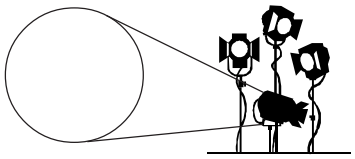
Upon visiting the facility, patients immediately notice the staff's pride and commitment to excellence.

"We try to uphold the Ritz-Carlton standard of customer



Lt. Jeff Anderson, an emergency room physician, discusses a medical issue with Lance Cpl. Nicholas White, a Marine reservist from Louisiana on training at the Marine Corps Air Ground Center. The ER is a constant reminder of the base's live fire mission.

Hospital 29 Palms



service," said Public Affairs Officer Dan Barber. "For example, we tell our people not to point directions out to a patient, but to walk them to where they need to go. Good communication with patients goes a long way toward customer relations."

The level of satisfaction is supported by the hospital's impressive TRICARE enrollment rates – 94 percent of active-duty family members and 53 percent of retirees and their family members.

A large part of the enrollment success is attributed to Huber's commitment to educating her beneficiary population on the aspects of TRICARE. Noting most servicemembers' indifference to the sometimes-confusing details of their healthcare plan, she emphasizes getting beneficiaries information on TRICARE in "bitesize, digestible pieces." Her staff, along with members of Foundation Health Federal Services, continue to refine this communication process through focused briefings and promotional material to specific audiences at the times they need it most.

For example, pre-deployment briefings serve as an opportunity to get out information on TRICARE's portability feature to spouses who may leave the desert to spend time with their extended family while their spouse is deployed overseas.

Behind the facility's customer service and educational activities lies solid, sound medical care, and naval hospital has earned a reputation for top quality, scoring a 94 on its most recent Joint Commission on the Accreditation of Healthcare Organizations inspection.

The heat and dryness of the desert, according to Huber,

See ***29 Palms***, page 15

Mission

We are the principal military healthcare facility in support of the Marine Corps Air Ground Combat Center. We support operational readiness by providing comprehensive healthcare services to Marines, Sailors, and their families. We serve the healthcare needs of all beneficiaries in our area.

Vision

We are a modern healthcare organization where:

- Staff, patients, and the commands we support are united in achieving optimal health, wellness, and readiness.
- Staff enjoy coming to work.
- Patients and their families brag about timely access to high quality, compassionate care.

Guiding Principles

- We do what is right for the patient.
- We are people-focused and value individual worth.
- We empower our staff for continuous quality improvement.
- Our success comes from teamwork.
- We value teaching and education.
- We believe positive attitudes create a healing environment.

Primed for retirees

By Dan Barber, Public Affairs Officer
Naval Hospital Twentynine Palms

The retired Marine survived Vietnam, the Marine Barracks bombing in Beirut, the invasion of Grenada and the Gulf War… but now in retirement he faces yet another challenge.

That challenge is to his health and his financial well being.

Master Sgt. John Q. Smith thought his health care would be taken care of after his retirement, so he didn't opt for the health insurance his new employer offered. Then the hospital at March Air Force Base where he and his wife went for their routine health care closed down.

Smith attended the TRICARE briefings before the hospital closed, but he thought that he'd already earned his health care with the military. He wasn't going to pay out one dime for a TRICARE Prime insurance premium. Besides, there was still the regular TRICARE Standard and he was healthy and fit.

Then one day Smith started having chest pains and shortness of breath so he had to make a visit to a civilian hospital emergency room. He survived that visit, and his share of the hospital bill only came to $2,000. The bad news was he needed immediate heart bypass surgery.

He tried to get into the Camp Pendleton hospital, but because he was not in TRICARE Prime there was no space available. Smith was advised to use his TRICARE Standard or Extra benefit and use a network civilian provider — his only option.

Smith found a cardiothoracic surgeon and a hospital in the TRICARE network. The cost for surgery and hospital stay of six days — $22,285, cost for the surgeon $8,000 for a total cost of $30,285.

Fortunately for Smith he would only have to pay a portion of this cost, $360 per day or 25 percent of institutional costs, whichever turned out less. In Smith's case his hospitalization cost him, $2,160. Then he had to pay 25 percent of the surgeon's bill, another $2,000.

Total cost to Smith for this medical episode, including the original emergency room visit, $6,160. As stated earlier, Smith didn't think he should have to pay a premium for his medical care through TRICARE Prime, so he didn't bother.

If Smith had signed up for TRICARE Prime the charges for this medical episode would have been $30 for the emergency room and $11 per day for hospitalization and surgery — total bill $96.

Military retirees check out the benefits available to them through TRICARE Prime at a Retirees Health Fair at Naval Hospital Twentynine Palms.

If Smith had signed up for TRICARE Prime the money he saved would have been more than enough to pay his health care premium for the next 13 years.

The above figures are estimates, but close to what an actual case would cost, based on a "global package" for heart bypass surgery and charged to a managed care program.

The retired Marine is a fictitious character; however, the story is the same for many military retirees from all branches of service. They thought that if they served the required number of years for retirement, then their medical care would be taken care of for the rest of their lives. For many the story is the same, they feel the government has broken its promise for free health care for life for them and their families.

The fact is that health care has always been provided to retirees (on a space available basis). However, with the Base Realignment and Closure action, much of the space available health care has disappeared for retirees. This is one of the primary reasons for the implementation of the TRICARE program.

If a retiree is fortunate to live near a military hospital, they may have the opportunity to enroll in TRICARE Prime to that hospital as their primary care manager. If the retiree lives near a closed facility, or away from any military base, then they can enroll in TRICARE Prime and select a civilian health care provider near their home.

Another argument many retirees have about the TRICARE program is the restrictions placed on them in selecting their physician of choice. Many health mainte-

nance organizations today require patients to see only their network physicians. The military's direct care system has always had this requirement.

Those retirees who wish to pick any civilian doctor they wish, still have that option; however, the government is not going to pay the full bill. Those wishing to exercise this option will have to use their TRICARE Standard or TRICARE Extra benefits to receive any help on the bill.

Retirees' fortunate enough to enroll to a military hospital as their primary care manager can now enjoy being seen by health care providers from a single team. This provides a benefit of continuity of care.

Retirees and those on active duty who are preparing for retirement should really take a good look at the TRICARE Prime benefit. As compared to civilian health care plans, the military's plan truly does save money. The annual premium can be paid in one lump sum, or in quarterly payments.

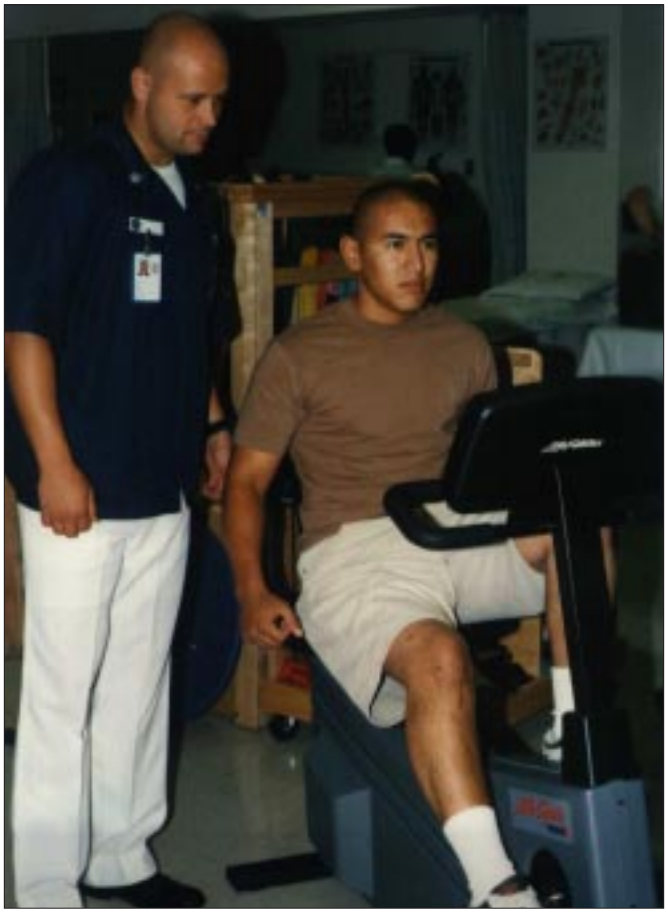
A recent change allows retirees to now pay their premium out of their retirement pay on a monthly basis.

Those wishing to participate in the program do need to take action to enroll; the choice is up to the individual retiree. Full explanation of benefits and enrollment to the program can be obtained at the nearest TRICARE Service Center.

29 Palms, from page 13

generate a large quantity of the hospital's acute care.

Another source of workload stems from training injuries sustained from Marines in the field. The 24-hour staffing of the hospital's emergency room serves as a reminder of the mission of the base to train Marines in live-fire scenarios. Additionally, the hospital maintains a robust physical therapy department to rehabilitate Marines back to good health following training injuries.



Hospital Corpsman Third Class Chad Johnson monitors Lance Cpl. George Garcia during his physical therapy routine. Much Johnson's work is rehabilitating Marines suffering from training injuries.

"We get a lot of injured knees, ankles, shoulders and backs," said Hospital Corpsman Third Class Chad Johnson of the hospital's Physical Therapy Department. "They come from carrying packs and heavy field gear for extended amounts of time. Others stem from simple use and abuse during running and weight lifting."

But behind the challenge of heat, dryness and isolation of the desert environment, beyond the rapid pace of operations, remains the constant commitment of keeping Marines – active duty and retired, and their families – fit to fight, healthy and happy. It's the commitment of Naval Hospital Twentynine Palms to delivering the TRICARE benefit.

Marine Staff Sgt. Christine Yarmey brought her daughter, Victoria, to Hospital Corpsman Sarah McClure for a well-baby check, one of TRICARE's preventive medicine benefits.

"Preparing for the Millennium" Offers Challenge, Education

Region Nine annual conference deemed a success by many

May 25-27, 1999,
San Diego Concourse

General Sessions

Beyond the Horizon
Managing Health in the New Millennium
Senior Executive Perspective on TRICARE
State of the Region
Healthcare Leadership for the New Millennium
Managed Care Ethics
Health Care Executive Panel: The Future of Managed Care and the Leadership Skills to Meet the Challenge

Region Nine's annual conference "Preparing for the Millennium" offered challenge and information to nearly 400 military and civilian TRICARE doctors, nurses, medical technicians and administrators.

As its title implies, the conference provided perspective of where DoD is at with the TRICARE program, where it fits into the greater healthcare system world wide, and what challenges it faces in the future.

In two and a half days, attendees absorbed eight general sessions and attended four of 13 available breakout sessions. In total, the conference offered up to 13.2 continuing education units or 11 continuing medical education credits.

Surveys completed by attendees were positive, with nearly all presentations evaluated as "above average" and professionally valuable.

"The surveys, written comments and verbal feedback from the attendees were very positive toward the content of the conference," said Martha DeMers, who coordinated the conference for the Office of the Lead Agent. "It's our goal to be seen as a valuable source of education and we'll be striving to do even better next year."

Breakout Sessions

Evidence Based Medicine
Managing for Success: Survival Tools & Analysis for Your MTF
Disease Management
Service Quaility Straegies of America's Leading Health Systems
Communicating Vision and Change in a Complex System
Health Care Advisory Board User Group
Managing with the FY99 EBC Reports
Re-engineering the Military Health System
Building a Powerful Market Driven Organization
TRICARE Dental Programs
CEIS -- Now and the Future
Global Patient Movement System

"Free, perfect and …now" says Sears

Top TRICARE leader issues challenge

By Lt. Rick Haupt, USN

SAN DIEGO — TRICARE beneficiaries are demanding and DOD owes them the best care possible was the message from TRICARE's top leader at the TRICARE Region Nine annual conference here May 25.

"Our beneficiaries want their care free, perfect, and they want it now," said Dr. H. James T. Sears, executive director of TRICARE Management Activity.

Sears praised TRICARE benefit as one of the richest healthcare benefits available in the world today. He emphasized that the benefit is far better than the pre-TRICARE combination of direct care in military treatment facilities and CHAMPUS.

"The quality of the benefit is better than ever," he said. "TRICARE is a quantum leap forward in terms of increased access, improved quality and decreased cost."

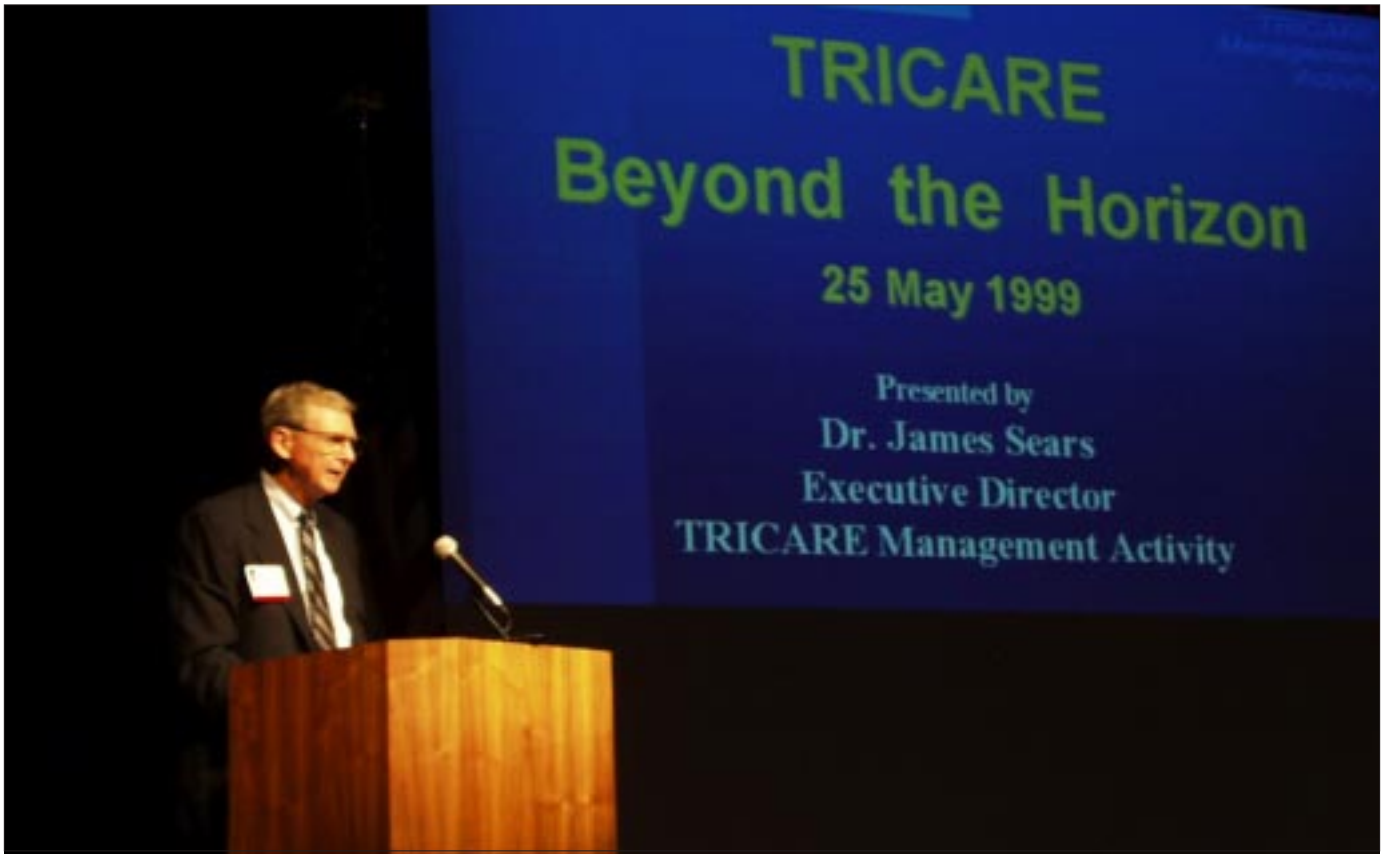
Nonetheless, the perception of the military beneficiary population of an overall erosion of benefits, including TRICARE, is not to be ignored, said Sears.

That perception has been attributed to the overall negative perception of the American public toward managed care programs, military-wide downsizing and the initial start up difficulties experienced in various TRICARE regions.

Sears focused a majority of his speech on initiatives that the Military Health System is working on as part of it's effort to become the leading integrated health system in the world. Topics he stressed included the re-engineering of the Military Health System, the transition to a population-based health system, the revision of TRICARE contracts and numerous technology-based initiatives.

Sears emphasized the recently released findings from DoD's 1998 worldwide survey of health behaviors as a critical to the focus for the future. While results indicated significant decreases in drug, alcohol and tobacco use, there is still room for improvement (see page 22).

"We must get all of our people involved in leading healthier lifestyles and taking responsibility for their health," he said.



Navy Surgeon General speaks on TRICARE

Vice Adm. Richard A. Nelson, MC, USN
Navy Surgeon General

(Editor's note: Navy Surgeon General Vice Adm. Nelson highlighted his vision of military healthcare beyond the year 2000 at the TRICARE Region Nine annual conference "Preparing for the millennium," May 25. Here, in exerpts from the recent SG's SITREPs, he discusses aspects of TRICARE and the TRICARE Family Member Dental Program.)

As you know, our mission in Navy Medicine is to support the combat readiness of the uniformed services and to promote, protect and maintain the health of all those entrusted to our care - anytime, anywhere.

Managed health keeps Sailors and Marines fit for duty and directly contributes to optimal readiness. It's a good program that was fully implemented last year and has already made a very positive impact. Initial feedback revealed areas for improvement and we are well on our way to a more solid, dependable system for providing quality health services to our beneficiaries. I believe the future looks promising.

TRICARE is the tangible tool that supports readiness by offering a uniform benefit, with guaranteed access and specialty care when needed whether forward deployed, near an MTF, remotely stationed in CONUS, or overseas.

June marks the one-year anniversary of TRICARE implementation worldwide. Of the 8.4 million eligible DoD beneficiaries, 74% use the direct healthcare system. More than 3.5 million DoD beneficiaries are TRICARE Prime enrollees. Of these, 88 % have MTF-based primary care Managers.

Until we get all the bugs worked out, TRICARE will seem like a large and complex program, but it is our present and future health care system and we must all work together to ensure its success.

You should be aware of some of the most recent TRICARE program accomplishments. The following list highlights the significant improvements and achievements realized:

* TRICARE Maximum Allowable Charge (formerly the CHAMPUS Maximum Allowable Charge) is now equal to the Medicare Fee Schedule for all diagnoses and procedures. Nationwide, 92% of providers accept the TRICARE rate.
* The portability benefit while traveling or transferring - TRICARE Prime enrollees are able to transfer their enrollments between regions
* Expansion of the National Mail Order Pharmacy (NMOP) worldwide to all active duty members, TRICARE eligible beneficiaries and BRAC Medicare eligibles
* Automatic TRICARE Prime reenrollment annually
* Flexible Prime enrollment fee payment options for retirees - annually, quarterly, or monthly by check, withholding from retired pay, or electronic funds transfer from a financial institution
* Elimination of balance billing of TRICARE Prime enrollees for authorized and emergency care from non-participating providers
* Limit on balance billing for non-institutional, non-professional providers (such as ambulance companies)
* Elimination of multiple copayments for ancillary services associated with a TRICARE Prime office or emergency visit
* Expanded National Cancer Institute demonstration which provides for coverage of phase II and phase III clinical treatment trials
* MHS annual surveys indicate that customer satisfaction is both high and growing. Satisfaction with access to appointments and quality of care has shown steady improvement over the last three years.

In addition, let me update you on a few of the TRICARE initiatives and challenges:

* Senior Health. We've made promises to our beneficiaries aged 65 years and over. Navy Medicine is con-

cerned that many older military retirees do not have full access to MTFs and supports the following demonstration projects to better understand the impact on the MHS and our beneficiaries:

— TRICARE Senior Prime. The program is fully implemented at 6 sites with approximately 25,000 enrolled. Naval Medical Center San Diego has enrolled about 75% of its capacity of 4,000.

— Federal Employee Health Benefits Program (FEHBP) is scheduled to start in FY 2000. There will be 8 sites with a capacity of 66,000. DoD will make contributions to FEHBP plans on behalf of beneficiaries who enroll with FEHBP. NH Roosevelt Roads, Puerto Rico and NH Camp Pendleton, CA will participate.

* TRICARE Prime Remote. This program addresses care for eligible AD members including Recruiters, ROTC instructors and students in long term civilian training. Under this program, AD members will receive health care from local providers without copayment or deductibles when they are assigned and reside 50 miles or more from the nearest MTF. This program was established in Regions 1, 2 and 5 in 1998 and will be expanded to the remaining CONUS regions in October 1999.

* Claims processing. Although the number of claims processed is within managed care support contract standards, current responsiveness is unacceptable. Aggressive initiatives are underway to reengineer and streamline this process, including major modification of current contracts and significant changes in Managed Care Support Contract 3.0, the next generation TRICARE contract.

* The importance of quality data. We're working with the other services and TMA on establishing TRICARE performance measures. These include metrics involving enrollment, the HEAR survey, access standards, claims, and overall patient satisfaction. To become the high performance organization we seek to be, it is imperative that we ensure data quality and expedite the development of IT/IM applications in support of the MHS. We must move smartly and use best business practices to be competitive, optimize MTF capacity and recapture care.

Despite the impressive accomplishments I have listed, we continue to hear negative, anecdotal stories about TRICARE and we must remember that even though our surveys and polls indicate TRICARE is being better understood and accepted by our beneficiaries, there's still considerable work to be done.

Our future depends upon the success of TRICARE. We must all do our part to show beneficiaries their best choice is military medicine. Every one of us needs to get involved and take responsibility for making it work. Think about what you can do to help promote TRICARE, to help improve TRICARE, to help TRICARE succeed. Then go out and do it!

SG on dental care

Good dental health contributes to the readiness of each service member and the wellness of every individual. Dental health consists of disease-free teeth, gums and other oral structures. It is a key and essential element of total body health and fitness. The benefits of a healthy mouth are multi-faceted and include mastication, nutrition, taste, esthetics, smile, communication and speech. These products and by-products of dental health enhance an individual's self worth and contribute to projection of a positive self-image.

Family members have traditionally been provided dental care in military dental treatment facilities subject to space availability and the capabilities of the staff. Since 1987, dental care has also been available for most family members through voluntary participation in the TRICARE Family Member Dental Plan. This plan is low cost (effective August 1, 1999, monthly premiums of $8.53 for one family member and $21.33 for a family of two or more) and provides coverage which includes examination, cleanings (two per year) and emergency service without a co-payment. The full range of other dental services are provided with varying co-payments which includes fillings, root canal, crowns, periodontics, oral surgery, and orthodontics. Monthly premiums pay for 40% of the cost of the program - the government picks up the remaining 60%. The service member's personnel unit processes new TFMDP enrollments or any changes.

Historically, of those who subscribe to the TFMDP, the usage rates for routine dental care have been very low — in the 30-40% range. The TFMDP provides a good benefit at an excellent value and should be used to the maximum extent possible. To achieve and maintain dental health, the usage rate should be closer to 100%. Those who pay for the TFMDP each month ought to take full advantage of their benefits.

There has also been an expansion of the TFMDP to help provide more services to more beneficiaries. Overseas, family members historically have been accommodated to the maximum extent possible in our

See ***Dental,*** page 23

Seniors from page 24

Senior Prime is not what Mikulich and company had in mind. They had envisioned a much simpler, straightforward system than the one eventually agreed to by the federal Health Care Financing Administration, which manages Medicare. They also expected over-65 retirees, like other TRICARE beneficiaries, to be able to choose from fee-for-service, preferred provider and health maintenance organization options. Senior Prime offers only the tightly controlled and restrictive — but cheaper — HMO option.

Although the three retirees aren't totally happy, Senior Prime is a pretty good deal, Wasneechak said. "The only cost to Senior Prime enrollees is Medicare B, which is about $44 a month," he said. "The care they receive in the military treatment facility is free, including inpatient care. Active duty members will always have first priority for care. TRICARE Prime enrollees get the second priority, and Senior Prime enrollees are included in this group."

Elderly patients await appointments at Naval Medical Center San Diego, where they've enrolled in TRICARE Senior Prime, a test of DoD's ability to deliver cost-effective health care to Medicare-eligible beneficiaries. More than 3,000 have enrolled in the pilot program here and thousands more at five other test sites across the country.

The demonstration is slated to end Dec. 31, 2000. However, several new bills pending in Congress could make the demonstration permanent. One of the bills would give the senior retirees a fee-for-service option, the choice Howard said the "fathers of Subvention" think is absolutely necessary.

"Many of us have [nonmilitary] physicians we really like, but if you sign up for this, you have to get your care here," Howard said. "For somebody who can't afford Medicare cost-shares, this is very good. But we should have a choice like any other health plan offers."

If the Primary Care waiting room is any indication on this early June afternoon, however, many seniors are happy with the new arrangement. More than a dozen, some clearly in need of health care, have filled the waiting room or are queued at the front desk. "Everybody for the most part loves the program," Wasneechak said. "They like being seen by military doctors. We offer more respect for the patients and their military backgrounds. We address them by their military rank. They have a sense of pride in their past service and like it better than just being 'Mr. Jones' downtown.

"We are trying to keep the promise to these beneficiaries to give them free health care for life," Wasneechak said. "We can't really give them the free benefit, but this is the next best thing."

Caring for older patients isn't only just, it's good for military medicine, said Mason's physician, Navy Dr. (Capt.) Joel Lees.

"The patients in Senior Prime tend to be patients with diseases and sicknesses we don't routinely see in the younger, healthier military population," Lees said. "Caring for the older retirees helps us maintain medical skills that are critical to our readiness to treat troops in the field. That's a challenge the military needs."

And so June Mason waits briefly, before Lees goes in to see her. Her blood pressure's been up lately — "not surprisingly, considering everything," she adds. Lees reviews cards she's brought with her showing her blood pressure readings since she last visited him.

"This looks better, much better," he assures her. "You're doing fine, just fine. How have you been feeling?"

And there's a wife pushing her husband down the hall in his wheelchair for his appointment. Outside, more Senior Prime patients move slowly toward the clinic and toward the care they want and need and know they deserve and are happy now to be getting. At last. At their favored hospital in the town they call home.

STAR launches

By Dani Newman

The Study of Tamoxifen and Raloxifene, other wise known the STAR clinical trials, one of the largest breast cancer prevention studies ever, is now recruiting volunteer participants at more than 400 centers across the US, Puerto Rico, and Canada. Region Nine's military treatment facilities are among the centers included in this study.

Researchers are looking for 22,000 postmenopausal women at increased risk of breast cancer to determine whether osteoporosis prevention drug raloxifene (known as Evista) is as effective in reducing the chance of developing breast cancer as tamoxifen (known as Nolvadex) has proven to be. An important part of STAR is to compare the long-term safety of raloxifene and tamoxifen in women at increased risk for breast cancer.

Region Nine is part of the National Surgical Adjuvant Breast and Bowel Project, the network of research professionals that will conduct STAR. NSABP chairman Norman Wolmark, M.D., noted that "studies of raloxifene suggest it has the potential to prevent breast cancer. The only way to prove that potential is to do a clinical trial in which risks and benefits of raloxifene are directly compared with risks and benefits of tamoxifen."

Women who participate in STAR must be postmenopausal, at least age 35, and have an increased risk of breast cancer as determined by their age, family history of breast cancer, personal medical history, age at their first menstrual period, and age at their first live birth. Women will be randomly assigned to receive either 20mg tamoxifen or 60mg raloxifene daily for five years and will have regular follow-up examinations, including mammograms and gynecologic exams.

Region Nine will host a program to educate physicians on the new data regarding breast cancer prevention and discuss ways of incorporating this new information into clinical practices. The program is targeted at medical specialists in oncology, primary care/family practice, obstetrics/gynecology, surgery, nursing and pharmacy. Sponsored by the Division of Continuing Medical Education at Discovery International, it will be held on September 2, 1999 at the Torrey Pines Hilton, La Jolla, Calif.

For more information about STAR visit NSABP's Web site at http://www.nsabp.pitt.edu , NCI's clinical trials Web site at http://cancertrials.nci.nih.gov or contact the participating military treatment facilities:

Naval Medical Center San Diego	**(619) 532-5367**
Naval Hospital Camp Pendleton	**(760) 725-1352**
Naval Hospital Twentynine Palms	**(760) 830-2501**
Naval Ambulatory Care Center Port Hueneme	**(805) 982-2976**
Weed Army Medical Center Fort Irwin	**(760) 380-5799**
Los Angeles AFB – 61st Medical Group	**(310) 363-5278**
Edwards AFB – 95th Medical Group	**(805) 277-8105**
Vandenberg AFB – 61st Medical Group	**(805) 605-2120**

DoD results of 1998 survey of health related behaviors

From Department of Defense Public Affairs

The Department of Defense announced the final results of its 1998 worldwide survey of health behaviors among military personnel on May 14. The report shows that the usage of alcohol, tobacco, and illegal drugs are at the lowest rates since the surveys began measuring certain heath-related behaviors in 1980. This survey is the seventh in the series of confidential, anonymous standardized surveys which asks active duty service members about various health behaviors, including the use of illegal drugs, alcohol, tobacco, and at-risk sexual behavior.

The survey also assesses selected national health status goals from the Department of Health and Human Services' Healthy People 2000 objectives, the mental health status of the force, and specific health concerns of military women.

More than 17,000 service members, randomly selected to represent men and women in all pay grades of the active force throughout the world, completed the survey. "When comparing this 1998 report to our earliest survey results, we recognize tremendous improvements in the past 18 years. Our continued emphasis on health promotion, safety, and disease prevention will help our service members achieve personal best performances and force readiness," said Dr. Sue Bailey, assistant secretary of Defense for Health Affairs.

Healthy People 2000 calls for individuals, families, communities, health professionals, the media, and government to share the responsibility to improve the nation's health profile.

Between 1980 and 1998, the survey shows a continuing decline in the use of illegal drugs, alcohol, and cigarettes by military personnel. When first surveyed in 1980, 27.6 percent of the active force acknowledged use of illegal drugs during the month prior to being questioned. In 1998, 2.7 percent reported using illegal drugs. Heavy drinking declined from 20.8 percent in 1980 to 15.4 percent on 1998, while cigarette smoking declined from 51.0 percent to 29.9 percent in the same period.

As encouraging as these trends are, however, the declines between 1995 and 1998 were not significant. The amount of heavy drinking, in fact, (five or more drinks per occasion at least once a week) remained problematic in 1998. The military's smoking rate remains about ten percentage points above the Healthy People 2000 objective of 20 percent.

Healthy People 2000 is the federal government's national health agenda. Its aim is to prevent unnecessary disease and disability and to achieve a better quality of life for all Americans.

Of the 383 Healthy People 2000 objectives, DoD has identified 45 as being particularly relevant to military personnel, and 17 of these objectives are measured in the 1998 survey. Other key findings from the survey include the following:

- The average daily amount of alcohol consumed by military personnel has declined by 47 percent over the past 18 years. The percentage of abstainers and light/infrequent drinkers has increased from 25.6 percent in 1980 to 43.2 percent in 1998.

- The increase in past-year cigar and pipe smoking between 1995 and 1998 was significant: from 18.7 percent to 32.6 percent. Although the majority of this behavior occurred infrequently (less than once a week) this large increase is a concern.

- Military personnel met or exceeded five of 17 selected Healthy People 2000 objectives in 1998: overweight for personnel age 20 or older, strenuous exercise, seat belt use, Pap smears ever received, and Pap smears received in the past three years. However, the percentage of overweight personnel in both age categories (under 20 and 20 or older) increased between 1995 and 1998.

- Military personnel described their military duties as more stressful than their family or personal lives. The most frequently indicated stressor for both men (19.5 percent) and women (19.5 percent) was family separation.

- Personnel with higher levels of stress were more likely than those with lower levels of stress to work below normal performance levels and to incur injuries due to accidents in the work place.

- The three most commonly used strategies for coping with stress and depression were: 1) adopting a problem-solving approach; 2) seeking social support; and 3) engaging in physical activity. However, nearly a quarter of military personnel used alcohol to cope with stress and depression.

- Although positive coping strategies were com-

mon among those who showed depressive symptoms, a disturbingly high percentage of this group (18.3 percent) had considered suicide or self-injury as a way of coping.

- There is a strong relationship between heavy alcohol use and mental health problems. Heavy users of alcohol had more problems with stress, mental health issues, and were more likely to exhibit depressive symptoms than those who did not drink.

- Approximately 17 percent of personnel had perceived a need for mental health care in the 12 months prior to the survey, but only about half of them received this care.

- About one-third (31.8 percent) of military women reported being under a "great deal" or a "fairly large amount" of stress related to being a woman in the military.

- Approximately 90 percent of military personnel had received a dental check-up in the past 12 months.

- Some 8.1 percent of military personnel had experienced at least one of eight gambling-related problems in their lifetime, and 2.2 percent experienced at least three of these problems, the level constituting probable pathological gambling.

"With the service surgeons general, we now have a Prevention, Safety, and Health Promotion Council whose purpose it is to help our military men and women and their families enhance their health and be a population of healthy military communities," stated Bailey.

The 1998 survey was conducted under contract by the Research Triangle Institute. The final report is available from the National Technical Information Service (NTIS) and the Defense Technical Information Center (DTIC). The NTIS phone number is 1-800-553-6847/6000 or (703) 605-6050. E-mail orders may be placed at the following address: orders@ntis.fedword.gov. Cite publication number PB99-132086 when requesting the full report (364 pages) and PB99-132078 for the Highlights version (137 pages).

To order from DTIC, call (703) 767-8274 – cite ADA361903 for the full report and ADA361901 for the Highlights version. Previous survey reports from this series may also be obtained from these sources. The Highlights version is available on the worldwide web at: http://www.tricare.osd.mil/readiness/wellhealth.html.

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dental treatment facilities. But the good news is that as of May 1, the TFMDP was extended overseas to family members residing in remote areas and it will become available to family members in non-remote sites beginning October 1. Remote areas are defined as countries without a military dental treatment facility and non-remote areas are those countries that have military dental facilities. In non-remote areas, family members will continue to receive their care at their servicing dental treatment facility. In the event that a specific dental treatment is not available at the DTF, or if access is not available in a timely fashion, the family member will be given the option of accepting care from a local provider. In remote countries, enrolled family members can access local providers for routine dental care without a referral, except for orthodontic care, which requires a referral.

Family members should first contact their overseas TRICARE lead agent or the program contractor, United Concordia Companies, Inc. (website: www.ucci.com or call toll free 1-800-866-8499), to make sure the dental services they need are covered benefits.

The overseas extension of TFMDP is the latest example of our intent to provide the very best dental benefit to all family members. It is designed to provide access to dental care in remote areas, which was not always readily available in the past. In the non-remote areas, it will not replace but will augment the already available benefit offered at the DTF.

The TFMDP is a significant benefit to our beneficiaries. We owe it to them not only to provide the best benefit, but also to help them take full advantage of it. Please join me in doing all we can to pass the word to our staff and all our patients and encourage the optimal use of this program.

TRICARE Family Member Dental Plan
www.ucci.com
1-800-866-8499

Getting the care they want, seniors flock to Navy hospital

By Douglas J. Gillert
American Forces Press Service

SAN DIEGO — June Mason feels a little shaky, a little teary, a little relieved as she waits to see her doctor at the Naval Medical Center here.

Shaky, because her husband, Charles, a retired Navy captain, had just come off a ventilator in his slow, steady recovery from heart surgery and follow-on complications. Teary, because doctors here hadn't given her much hope, but now there's a glimmer of hope. Relieved, because she's thankful for the excellent medical treatment he's received, that they've both received, in the hospital in the town they've called home since 1971.

"He died on the operating table May 3," June said, wiping unwanted tears from her bright, kind eyes. "It took them 45 minutes to restart his heart, but they did. And he was going to be OK.

"Then he got a staph infection and that really hurt. The doctors didn't think he was going to make it, and they're surprised he showed signs of recovery. I'm so grateful. He just might make it now. There's a chapel up there next to the ICU. I go there every day and pray for him. I know it helps."

The Masons are lucky, June said, because they've always been able to come here for their health care. Even after they signed up with a civilian health maintenance organization, they could still get their care here on a space-available basis. "They never failed to get us in," she spoke softly from the narrow, softly lit examining room.

Then DoD announced it would test a new program here called TRICARE Senior Prime. It's a demonstration to see if the military can provide care for Medicare-eligible patients cost-effectively. As a result, some of the clinics the Masons and other retirees over age 65 use said they couldn't come here anymore unless they signed up for Senior Prime.

"We didn't hesitate," June said. "We're very comfortable with the doctors here and with the staff — the nurses and corpsmen. They are caring people."

In fact, Senior Prime was born here out of an idea put forth by three retired officers who saw a promise of "free health care for life" being broken by military budget and staff reductions. June might also want to thank retired Army Cols. Walt Mikulich and George Smith and retired Navy Dr. (Capt.) John Howard. It was their idea that DoD should be directly reimbursed by Medicare for health care given to older retirees and their spouses.

June Mason listens as Navy Dr. (Capt.) Joel Lees discusses her blood pressure readings with her during a follow- up appointment at Naval Medical Center San Diego. Mason and her husband, retired Navy Capt. Charles Mason, enrolled in DoD's TRICARE Senior Prime demonstration to be able to continue getting all their health care from the military. "We're very comfortable with the doctors here," she said.

They called their plan for Medicare reimbursement "Subvention," after a term used in California to describe a transfer of a state-paid veterans benefit to federal control. It was a very simple concept, Smith said. "If the federal government pays Medicare fees and it pays military fees, why can't it pay Medicare fees to military hospitals?"

"Walt Mikulich came to me in 1995 and showed me the language in the various legislative bills that would create 'Medicare subvention,'" Cmdr. Daniel Wasneechak said. A registered nurse put in charge of administering Senior Prime, Wasneechak now oversees the result of their efforts to retain military health care. In 1998, the San Diego Naval Medical Center became one of six sites nationwide demonstrating subvention.

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